## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/573592 FILING DATE

APPLICANT(S)

## **CLAIMS**

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TOTAL DEP.		<u>←</u> [		<b>←</b> [		<b>←</b>
TOTAL CLAIMS				F 18 8 1		4.5

PTO - 1360 (REV. 11/04)

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